

UNITED STATES DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE
WASHINGTON, DC

<h1 style="margin:0;">FSIS DIRECTIVE</h1>	2500.2 REVISION 1	7/14/98
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SMOKING POLICY

I. PURPOSE

This directive provides policy and information on smoking restrictions for the Agency.

II. CANCELLATION

This directive cancels FSIS Directive 2500.2, dated 6/6/95, and regional or district smoking policies.

III. REASON FOR REISSUANCE

A. This directive is completely rewritten to incorporate Executive Order 13058, which gives agencies authority to establish a smoke free environment. EPA concludes that widespread exposure to tobacco smoke causes serious and substantial public health risks.

B. FSIS and the National Joint Council of Food Inspection Locals negotiated the Agency smoking policy with assistance from the Federal Service Impasses Panel (the Panel). The Panel ordered the adoption of a modified version of the Agency's proposal. The policy is contained in this revision.

IV. REFERENCES

DR4400-6, Smoking Policy

EPA Report 402-F-94-005, Setting the Record Straight: Secondhand Smoke is a Preventable Health Risk

Executive Order 13058, Protecting Federal Employees and the Public From Exposure to Tobacco Smoke in the Federal Workplace

DISTRIBUTION:

All Employees

OPI:

ASD – Procurement and Property Branch

V. ABBREVIATIONS AND FORMS

The following will appear in their shortened form:

EAP	Employee Assistance Program
EPA	Environmental Protection Agency
FO	Field Operations
GSA	General Services Administration

FSIS Form 2500-4 Smoking Cessation Program Application
SF-1164 Claim for Reimbursement for Expenditures on Official Business

VI. POLICY

It is FSIS policy to prohibit the smoking of tobacco products in:

A. Buildings and facilities (or portions thereof) owned, leased, or occupied by FSIS personnel. **EXCEPTION:** Non-federal buildings where Federal personnel are assigned and there are designated smoking areas. FSIS personnel may smoke in such areas if access is permitted.

B. USDA-owned and GSA- or commercial-leased vehicles in the custody and control of FSIS personnel for more than 60 days.

VII. DELEGATION OF AUTHORITY

The Agency Administrator is delegated authority to restrict smoking in assigned Agency office space.

VIII. SMOKING POLICY DISPUTE RESOLUTION

A. **In-plant Locations.** The circuit supervisor and the local union president will resolve disputes on the application of the smoking policy. If a resolution is not reached, the district manager or designee and the Council president or designee will consult to resolve the issue and may, by mutual agreement, visit the site if necessary.

B. **Headquarters Locations.** The Washington Area Service Center, Office of Operations, oversees smoking policy disputes for the Washington, DC Complex. Forward questions or comments on the implementation or application of smoking policy through the Procurement and Property Branch to the Washington Area Service Center.

C. **Field Office Locations.** The site manager resolves disputes on the application of the smoking policy for district offices, laboratories, Technical Service Center and Minneapolis Personnel Branch.

IX. SMOKING CESSATION PROGRAMS

A. An employee may:

1. On a one-time basis, participate in a smoking cessation program on official time, at no cost to the employee, workload permitting.
2. Enroll in one additional program, at no cost to the employee, on his or her own time.
3. Repeat a smoking cessation program with no charge to leave if the employee was prevented from completing a program due to a management-directed work assignment.
4. Attend additional smoking cessation programs on his or her own time and expense.
5. Choose to use pharmacologic treatment (i.e. nicotine patch or gum).

B. Smoking cessation programs are available nationwide. An employee may contact the following for approved programs:

1. Local representatives of nationwide associations (i.e., cancer societies or lung associations) or local health care facilities for services.
2. EAP for addiction or dependency counseling.
3. Health insurance carrier for services.

X. AGENCY ASSISTANCE

A. FSIS grants official time for the first three EAP visits for addiction or dependency counseling related to smoking cessation. EAP referral for additional counseling unrelated to a smoking cessation program is on the employee's time and expense.

B. FSIS provides some reimbursement for:

1. **Health insurance carrier co-payments** associated with smoking cessation programs. The reimbursement is limited to a lifetime amount up to \$100. (The \$100 does not apply to calendar year deductions imposed by a health insurance provider.)

2. **Pharmacologic treatment fees** are limited to a lifetime amount up to \$150. This reimbursement is in addition to and separate from the cost of a smoking cessation program.

XI. REQUEST TO ATTEND A PROGRAM

All employees must obtain advance approval to attend smoking cessation programs. Complete and submit FSIS Form 2500-4 (Attachment 1) through normal channels.

A. **FO employees** assigned to field locations obtain approval from the district manager or designee. The district manager or designee maintains a record.

B. **All other employees** obtain approval from the division or staff director. The immediate supervisor maintains a record.

XII. REIMBURSEMENT CLAIMS

To receive reimbursement for allowable fees, employees must complete and submit SF-1164 (Attachment 2) to the immediate supervisor.

XIII. ADDITIONAL INFORMATION

Contact the Procurement and Property Branch, Administrative Services Division, for questions on this directive.



Acting Deputy Administrator
Office of Management

Attachments

- 1 FSIS Form 2500-4, Smoking Cessation Program Application
- 2 Instructions for Completing SF-1164

SMOKING CESSATION PROGRAM APPLICATION

PLEASE NOTE: Applicants must receive prior approval to attend Smoking Cessation Classes.
Please allow 4 to 6 weeks for processing this request.

NAME			SOCIAL SECURITY NUMBER		
STREET ADDRESS					
CITY			STATE	ZIP CODE	
DISTRICT/LOCATION		NAME OF PROVIDER		COST	
BEGINNING DATE	ENDING DATE	NUMBER OF COURSE HOURS	HOURS/DAYS (Specify times, i.e. - 1-3 P.M., Wed.)		
<input type="checkbox"/> INITIAL <input type="checkbox"/> REPEAT <input type="checkbox"/> ON OWN TIME	REASON FOR REPEAT REQUEST				
SIGNATURE OF EMPLOYEE			DATE		
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	REASON FOR DISAPPROVAL				
SIGNATURE OF IMMEDIATE SUPERVISOR			DATE		
FOR FIELD EMPLOYEES: DISTRICT OFFICE APPROVAL					
<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	REASON FOR DISAPPROVAL				
SIGNATURE OF APPROVING OFFICIAL			DATE		

FSIS FORM 2500-4 (3/16/98)

ORIGINAL - Retained by Approving Official
COPY 1 - Returned to Employee after processing
COPY 2 - Retained by Immediate Supervisor
COPY 3 - Retained by Employee

INSTRUCTIONS FOR COMPLETING SF-1164

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE USDA, Food Safety and Inspection Service		2. VOUCHER NUMBER	
				3. SCHEDULE NUMBER	
<i>Read the Privacy Act Statement on the back of this form.</i>				5. PAID BY	
CLAIMANT	a. NAME (Last, first, middle initial)		b. SOCIAL SECURITY NO.		
	Smith, John B.		123-45-6789		
	c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NUMBER		
	123 Main Street Anytown, ST 12345-1234		123-456-7890		
6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)					
DATE	CODE	Show appropriate code in col. (b): A—Local travel B—Telephone or telegraph, or C—Other Expenses (itemized) (Explain expenditures in specific detail.)		MILEAGE RATE	AMOUNT CLAIMED
19 98				NO. OF MILES	MILEAGE FARE OR TOLL ADD. PER- SONS TIPS AND MISCEL- LANEOUS
(a)	(b)	(c) FROM	(d) TO	(e)	(f)
9/1	C	Reimbursement for expenses while participating in FSIS Smoking Cessation Program:			
		Nicorette Gum			45 00
		Nicorette Patch			45 00
<p>An employee legibly prints or types the SF-1164 as illustrated.</p> <p>Block 1 Enter "USDA, Food Safety and Inspection Service."</p> <p>Block 6b Enter the letter "C."</p> <p>Block 6c Enter "Reimbursement for expenses while participating in FSIS Smoking Cessation Program." Include an itemized list of expenses that correspond with the attached invoices or receipts.</p> <p>Block 10 Enter "X" in the "Check" box. Sign your name and enter the current date. Submit forms with an "original" signature for processing.</p> <p>An employee forwards the original SF-1164 to the immediate supervisor. An original signature must appear on the copy forwarded. Also, include the original invoice or receipt showing the purchase.</p> <p>The immediate supervisor reviews the claim, completes Block 8, enters the 7-digit accounting classification code, and forwards to the authorizing official. The authorizing official completes Block 9.</p>					
If additional space is required continue on the back.		SUBTOTALS CARRIED FORWARD FROM THE BACK			
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).)		\$ 90.00		TOTALS	
				90 00	
8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)		10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.			
Sign Original Only		PAYMENT DESIRED Sign Original Only <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> CASH CLAIMANT SIGN HERE John B. Smith DATE 9/30/XX			
APPROVING OFFICIAL SIGN HERE 9. This claim is certified correct and proper for payment. AUTHORIZED CERTIFYING OFFICER SIGN HERE		11. CASH PAYMENT RECEIPT a. PAYEE (Signature) _____ b. DATE RECEIVED _____ c. AMOUNT \$ _____			
		12. PAYMENT MADE BY CHECK NO. _____			
ACCOUNTING CLASSIFICATION					